

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

07

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	257375.07
(b) Cash on Hand at Beginning of Reporting Period	207446.35	
(c) Total Receipts (from Line 19)	98417.01	149277.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305863.36	406652.10
7. Total Disbursements (from Line 31)	9785.05	110573.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	296078.31	296078.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	82987.55	127299.65
(ii) Unitemized	15429.46	21977.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	98417.01	149277.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	98417.01	149277.03
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98417.01	149277.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98417.01	149277.03

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	285.05	1473.79	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	285.05	1473.79	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	109000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9785.05	110573.79	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9785.05	110573.79	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	98417.01	149277.03
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98417.01	149177.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	285.05	1473.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	285.05	1473.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel M. Siegel

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
LI Skin Cancer

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: AFA6D8003C5B94AAB912

Amount of Each Receipt this Period

501.00

B.

Full Name (Last, First, Middle Initial)

Victor James Marks

Mailing Address 804 Mount Zion Drive

City

Danville

State

PA

Zip Code

17821-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: AE3C35B81B412474B929

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert David Greenberg

Mailing Address 73 Autumn Dr

City

South Windsor

State

CT

Zip Code

06074-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vernon Medical Arts Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A54E9C80F611B43DA80B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2001.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Marla M. Klein

Mailing Address 14193 Amberwood Cir

City

Lake Oswego

State

OR

Zip Code

97035-8754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klein Dermatology & Assoc-
iates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A14DFA916D6AB4DC48EE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard James Murphy

Mailing Address 2115 Royal Dr

City

Winterville

State

NC

Zip Code

28590-9149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Dermatology & Pat-
hology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A64BE02B116444D68A4A

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Karan K. Sra

Mailing Address 527 Columbia St

City

Houston

State

TX

Zip Code

77007-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatological Assoc of
Texas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A6E9432B2954B4EA9BD7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jay G. Barnett

Mailing Address 163A E 70th St

City

New York

State

NY

Zip Code

10021-5179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnett Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AFF98DEDE60DD45B8875

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James A. Zalla

Mailing Address 7736 Camp Ernst Rd

City

Burlington

State

KY

Zip Code

41005-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A5DCC313DFEC94AE8A95

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William T. Parsons

Mailing Address 6 Braeburn Oaks

City

San Antonio

State

TX

Zip Code

78248-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Assoc of San
Antonio

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A46ACC7E4E92C412FB5D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

William S. Sawchuk

Mailing Address 10000 Park Royal Dr

City

Great Falls

State

VA

Zip Code

22066-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Sawchuk MD & Gayle
MASRI-Fridl

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A35C7171B8563429A892

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barry Leshin

Mailing Address 5021 Hidden Lake Trl

City

Lewisville

State

NC

Zip Code

27023-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A734D0B5545AD4A89A32

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Wilkins Thompson

Mailing Address 255 Limestone Creek Rd

City

San Antonio

State

TX

Zip Code

78232-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A335DFDDC60CC42A4AFB

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

C. William Hanke

Mailing Address 5125 Green Braes East Dr

City

Indianapolis

State

IN

Zip Code

46234-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laser & Skin Surgery Cent-
er

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A5793FC752234414596A

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

David Phillips Smack

Mailing Address 22620 Handy Point Rd

City

Chestertown

State

MD

Zip Code

21620-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talbot Dermatology and Su-
rgery, PA

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A1ABA975D9A104A4295F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Virginia Rutledge Forney

Mailing Address 59 Park Ln NE

City

Atlanta

State

GA

Zip Code

30309-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Affiliates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AE8F1B875178247F6AB1

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Donald E. Kern

Mailing Address 6928 96th Ave SE

City

Mercer Island

State

WA

Zip Code

98040-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
The PolyClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: AC0D43C7DB5C14E32BC8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sharon Foster Gardepe

Mailing Address 11106 Argent Dr SE

City

Huntsville

State

AL

Zip Code

35803-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A77BD1BA2B806448EAC4

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Brett M. Coldiron

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: AD82F83C25D414C998FA

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Timothy L. Parker

Mailing Address 6901 W 121st St

City

Overland Park

State

KS

Zip Code

66209-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatologic Sur-
gery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AC2C2BE7CAC524C6B93B

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Oliver M. Reed

Mailing Address 12900 Cortez Blvd
Ste 205

City

Brooksville

State

FL

Zip Code

34613-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hernando Skin and Cancer
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AA7E5C89835B4419B853

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Alan Sobel

Mailing Address 4340 Sheridan St
Ste 101

City

Hollywood

State

FL

Zip Code

33021-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sobel and Sofman, M.D.,
P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A23B83D20088441DAA99

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Scott Michael Debates

Mailing Address 22398 Burr Oak Cir

City

Gretna

State

NE

Zip Code

68028-4858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Physicians Clin-
ic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A9B60614E432A412488C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ilona J. Frieden

Mailing Address 811 Paramount Rd

City

Oakland

State

CA

Zip Code

94610-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of California

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AE3C9B8828D0845859C6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cary Edward Feibleman

Mailing Address 263 Park Ave

City

Long Beach

State

CA

Zip Code

90803-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A72E5DF42B2D9436FB90

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Christopher A. Moeller

Mailing Address 1911 N Webb Rd

City

Wichita

State

KS

Zip Code

67206-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moeller Dermatology, LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A5588E365CCFF47B7BE4

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eileen Cantor Kitces

Mailing Address 315 Roslyn Rd

City

Richmond

State

VA

Zip Code

23226-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AB0901520B3D54EE2826

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Renuka Diwan

Mailing Address 30855 Riviera Ln

City

Westlake

State

OH

Zip Code

44145-1785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AD86431E2917443C0834

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David N. Silvers

Mailing Address 1045 Park Ave

City

New York

State

NY

Zip Code

10028-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A0D4DB10B785E4CCFBCA

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brian T. Johnson

Mailing Address 3930 Executive Dr

City

Palm Harbor

State

FL

Zip Code

34685-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Dermatology and
Aesthetic CentOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A8C4E7F0E135744C19F8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan S. Weiss

Mailing Address 2848 Rangewood Ter NE

City

Atlanta

State

GA

Zip Code

30345-1581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gwinnett Dermatology, PCOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A7B5ECC87EE7C404AA26

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Edward Shang-Lin Smith

Mailing Address 720 Yorkshire Rd

City

Winston Salem

State

NC

Zip Code

27106-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Carolina Dermatol-
ogy Clinic Inc

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A186CBB2D6F3C4DD6A15

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janet G. Hickman

Mailing Address 107 Lee Cir

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants,
Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AF98F780EFE8B4493B10

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Dover

Mailing Address 169 Franklin St

City

Newton

State

MA

Zip Code

02458-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
SkinCare Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A8DFF7BF0B21D4226BC2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Nadine Bergstrom Acri

Mailing Address 15 Waters Rd

City

Severna Park

State

MD

Zip Code

21146-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A56BFD87066154EB888E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy Jon Storer

Mailing Address 2561 Aikin Cir S

City

Lewis Center

State

OH

Zip Code

43035-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AB7BBEE6C37BD46B59DA

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lisa A. Garner

Mailing Address 1830 Eastern Hills Dr

City

Garland

State

TX

Zip Code

75043-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A0956551FB9CF4ED4A1A

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 18 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Earl S. Pearson

Mailing Address 573 W Putnam Ave

City

Porterville

State

CA

Zip Code

93257-3270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A0C9BD100F68E4DD89F2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gloria F. Graham

Mailing Address 106 Cypress Dr

City

Pine Knoll Shores

State

NC

Zip Code

28512-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Down East Associates PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A19DE3C7E915E489DA9D

Amount of Each Receipt this Period

615.00

C.

Full Name (Last, First, Middle Initial)

Misty D. Caudell

Mailing Address 1097 Glenwood Dr

City

Gainesville

State

GA

Zip Code

30501-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Northeast Ge

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A643F60E027554337A70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Henry W. Clever

Mailing Address 375 Jung's Station Rd

City

Saint Charles

State

MO

Zip Code

63303-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Capitol Dermatology,
LLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AE8755BC9635B48BFAE4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald Jeffrey Barr

Mailing Address 34 Campanilla

City

San Clemente

State

CA

Zip Code

92673-2753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatopathology Laborato-
ry

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A153D63C7B79E43F198C

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Aimee L. Leonard

Mailing Address 130 Crestview Cir

City

Longmeadow

State

MA

Zip Code

01106-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Dermatology
and Laser Cent

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AE1928C4E84AB478EA6B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Roger S. Golomb

Mailing Address 18 Winston Dr

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearwater Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AAC6B22434F1C472CB93

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jackie Michael Tripp

Mailing Address 9743 Palma Vista Way

City

Boca Raton

State

FL

Zip Code

33428-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tripp Dermatology

Occupation

Dermologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A64FDEF3068784771A67

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Alan Rosen

Mailing Address 9120 SW 103rd St

City

Miami

State

FL

Zip Code

33176-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A583F15BD7EE6467C903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

C. William Doubleday

Mailing Address 5302 Fieldwood Dr

City

Houston

State

TX

Zip Code

77056-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A9178A573EC4B4C7593F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Lane Chappell, Jr.

Mailing Address 5001 Pepperidge Pl

City

Odessa

State

TX

Zip Code

79761-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A0B55DECBFD67437F9D4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary S. Novatt

Mailing Address 5250 Louisiana Pl

City

Santa Barbara

State

CA

Zip Code

93111-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A84E97C8E8D974F69A21

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael J. Huether

Mailing Address 5980 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-3535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A148401966FDA441583D

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth A. Arthur

Mailing Address 500 Helendale Rd
Ste 100

City

Rochester

State

NY

Zip Code

14609-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A4D7224B0F5844CE39DB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Suzanne Olbricht

Mailing Address 45 Hyde Ave

City

Newton

State

MA

Zip Code

02458-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AFBEA4CE325B04E0B885

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sunil Sharan Dhawan

Mailing Address 119 Martingale Dr

City

Fremont

State

CA

Zip Code

94539-6313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Dermatology

Occupation

Dermatologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AC142049BC9C74015886

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. William Holtze

Mailing Address 5300 Woodland Ave

City

Des Moines

State

IA

Zip Code

50312-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Iowa Clinic PC

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A5447B003A83B45C2983

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jason J. Romero

Mailing Address 551 Ratcliff St

City

Shreveport

State

LA

Zip Code

71104-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology and Skin Surg-
ery APMC

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AC40EDAEE81814193BDD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Lee Tyrone Jordan

Mailing Address 1709 Barnwell St

City

Columbia

State

SC

Zip Code

29201-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Dermatology Group LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A10A37AD178EA47029BF

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

J. Matthew Knight

Mailing Address 161 S Phelps Ave

City

Winter Park

State

FL

Zip Code

32789-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knight Dermatology Instit-
ute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AC34E2D6F5D8F400A848

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mark R. Balle

Mailing Address 607 Canterbury Rd

City

Grosse Pointe Wood

State

MI

Zip Code

48236-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Medical Center-
Columbus

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A5D86960E86C743869F2

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

James W. Donnelly

Mailing Address 2303 Clifton Forge Dr

City

Saint Louis

State

MO

Zip Code

63131-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology
and Cutaneous

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: AFDE442B394A44612803

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Catherine L. Laughlin

Mailing Address 4715 S Kimbrough Ave

City

Springfield

State

MO

Zip Code

65810-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ferrell-Duncan Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A6135DF47758A447BBDE

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Erin E. Boh

Mailing Address 2035 General Pershing St

City

New Orleans

State

LA

Zip Code

70115-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane Medical School

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: AD35E9A21D826435C8FD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Mark J. Holzberg

Mailing Address 981 Oakdale Rd NE

City

Atlanta

State

GA

Zip Code

30307-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newman Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A51D7EF9F71664254AC9

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Joseph W. Musgrave, Jr.

Mailing Address 112 Pinepoint Rd

City

Williamsburg

State

VA

Zip Code

23185-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A6805A7CE894F482E9DD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Maryam Mandana Asgari

Mailing Address 852 Los Robles Ave

City

Palo Alto

State

CA

Zip Code

94306-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A84BE6439EA304EED997

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David Allen South

Mailing Address 16 Oak Tree Ln

City

Aptos

State

CA

Zip Code

95003-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A5EE7515630434073A24

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Justin Wayne Clark

Mailing Address 4809 103rd St

City

Lubbock

State

TX

Zip Code

79424-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubbock Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A5A862219D72748E384B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Terry P. Hadley

Mailing Address 32 Hugh Cargill Rd

City

Concord

State

MA

Zip Code

01742-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A931F1CDEE7A046FCBD4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City

Rancho Cordova

State

CA

Zip Code

95670-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A37C9FFC5444447F39BD

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Pamela Ann Leve

Mailing Address 328 Fishers Rd

City

Pittsford

State

NY

Zip Code

14534-9606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barrington Park Dermatolo-
gy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: AF AA2CDF0C4CA4FCAAAD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven Mark Burnett

Mailing Address 1545 Mound St

City

Sarasota

State

FL

Zip Code

34236-7787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advances in Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: ACE3BC0B2E7B74CDABB1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Lawrence Miller

Mailing Address 6 Tallmadge Gate

City

Setauket

State

NY

Zip Code

11733-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: AAD662F6123E14DA4A92

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Renee Remi Snyder

Mailing Address 1405 meriden Lane

City

Austin

State

TX

Zip Code

78703-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A4E17E22664F14AD7B97

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Sarah K. Short Sarbacker

Mailing Address 1309 S Jefferson Ave

City

Sioux Falls

State

SD

Zip Code

57105-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A324B929646694615B4E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David J. Clemons

Mailing Address 304 Corinne Cir

City

Shreveport

State

LA

Zip Code

71106-6004

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: A3164E21DD99D418693B

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert E. Beer

Mailing Address PO Box 476

City

Orinda

State

CA

Zip Code

94563-0476

FEC ID number of contributing
federal political committee.**C**Name of Employer
Balfour Dermatology & Day
Spa, Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: ADE02A81685AE4A3184E

Amount of Each Receipt this Period

730.00

C.

Full Name (Last, First, Middle Initial)

Robyn M. McCullem

Mailing Address 4605 Maple Leaf Dr

City

Columbia

State

MO

Zip Code

65201-7235

FEC ID number of contributing
federal political committee.**C**Name of Employer
Jefferson City Medical Gr-
oupOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: ADCEEF1EA69FB42EDB47

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert R. Tawil

Mailing Address 3741 W Neptune St

City

Tampa

State

FL

Zip Code

33629-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A95419BF85FBB4280B67

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hobart K. Richey

Mailing Address 443 Anchorage Dr

City

Nokomis

State

FL

Zip Code

34275-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A336B8285DFCB403781F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jerome R. Potozkin

Mailing Address 2502 Alamo Country Cir

City

Alamo

State

CA

Zip Code

94507-1495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: AE14045A23B7B432C817

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Henry W. Lim

Mailing Address 7 Elmsleigh Ln

City

Grosse Pointe

State

MI

Zip Code

48230-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A3FA64D9D196E45E6BCE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bradley Allen White

Mailing Address 108 Mason Cv

City

Searcy

State

AR

Zip Code

72143-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A2D170B4180764A08A45

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Donald Kay

Mailing Address 2127 Broadway St
Apt 1

City

San Francisco

State

CA

Zip Code

94115-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A18E288A8485949459D0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Manuel H. Hernandez

Mailing Address 4235 Kings Hwy
Unit 101

City State Zip Code
Punta Gorda FL 33980-8421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A61BC74739CBB4A7C808

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Darrin A. Rotman

Mailing Address 3109 Medical Way

City State Zip Code
Sebring FL 33870-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Institute of Der-
matology, P.A.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A97C28CDB5C4642E9BE3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Henry Katz

Mailing Address 9801 Lakeshore Rd

City State Zip Code
Newton WI 53063-9521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Wisconsin

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A554B20A686494C0192F

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 34 / 59

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Brent E. Pennington

Mailing Address 2809 Hillside Dr

City

Nashville

State

TN

Zip Code

37212-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nashville Skin & Cancer

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A065A045591F14FD292B

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patricia K. Roddey

Mailing Address 2112 Wellesley Ave

City

Charlotte

State

NC

Zip Code

28207-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenberg Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A6A6D0F97A1C6410D841

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rita Weinstein

Mailing Address 51 Yorktown Rd

City

East Brunswick

State

NJ

Zip Code

08816-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: AE5EDC0C12DB64285AD6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Steven E. Hodgkin

Mailing Address 15366 11th St
Ste K

City State Zip Code
Victorville CA 92395-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A3253A66324A44625B62

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Adler

Mailing Address 1009 NE Imperial Ave

City State Zip Code
Portland OR 97232-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland Dermatology Clin-
ic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: AF614F006D2FA4DB6833

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Ave

City State Zip Code
Springfield IL 62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine Div
of Dermatol

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: A9A8D3EBCDC0A48C2944

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sabra Sullivan

Mailing Address 102 Hidden Hts

City

Ridgeland

State

MS

Zip Code

39157-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates,
LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A44A1AB19440C4BAFA93

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Rohrer

Mailing Address 1585 Beacon St

City

Waban

State

MA

Zip Code

02468-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Care Physicians

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A3E8B362960C04D818C2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hazle Smith Konerding

Mailing Address 205 Cyril Ln

City

Henrico

State

VA

Zip Code

23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1668.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A08B0F4DCB48B4360A55

Amount of Each Receipt this Period

417.00

SUBTOTAL of Receipts This Page (optional)

767.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

William F. Cosulich

Mailing Address 19 Heron Drive

City

Marlboro

State

NJ

Zip Code

07746-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AAEB3F3D539644DD2957

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sandra I. Read

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AD98FAE5047634B248E7

Amount of Each Receipt this Period

454.55

C.

Full Name (Last, First, Middle Initial)

Marc E. Boddicker

Mailing Address 705 Columbus St

City

Rapid City

State

SD

Zip Code

57701-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology Cent-
er, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A40420200EBEE4D92930

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1954.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City

Birmingham

State

AL

Zip Code

35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Dermatology and Sk-
in Wellness

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A2AB62B0B3EAF4DB1857

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joel K. Sears

Mailing Address 1807 N Hutchinson Rd

City

Spokane Valley

State

WA

Zip Code

99212-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Derm and Skin Su-
rgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AA667DC9F4E7243349D1

Amount of Each Receipt this Period

730.00

C.

Full Name (Last, First, Middle Initial)

Alan R. Shalita

Mailing Address 70 E 77th St
Apt 9B

City

New York

State

NY

Zip Code

10075-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Downstate Medical Ce-
nter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AB365B3AB47314072AAA

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Clay J Cockerell

Mailing Address 4312 Arcady

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A93011A9CB2CB4B31A3A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Suzanne Marie Connolly

Mailing Address 6229 E Viaduct Los Caballos

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AEA379DA15E37459896C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William Luther Coker, Jr.

Mailing Address 200 Wendwood Dr

City

Newport News

State

VA

Zip Code

23602-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A9DDFAF814A9A42AE8A7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Collishaw

Mailing Address 3 Thorburn Road

City

Gaithersburg

State

MD

Zip Code

20878-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AAD228C77AB404DB39CD

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

T. Lynn Warthan

Mailing Address 4730 NE Stallings Dr

City

Nacogdoches

State

TX

Zip Code

75965-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: A90FA125599464F31868

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

William T. Long

Mailing Address 71 Park Ave

City

New York

State

NY

Zip Code

10016-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AB34DA351EA974256917

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2084.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Diane L. Kallgren

Mailing Address 7381 Rozena Drive

City

Longmont

State

CO

Zip Code

80503-9145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kallgren Dermatology Clin-
ic, PC

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: AC41E22D21BC842E781C

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Brian Berman

Mailing Address 1600 NW 10th Ave
Rm 2023A

City

Miami

State

FL

Zip Code

33136-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: AFC9975DE2B4745ACB27

Amount of Each Receipt this Period

251.00

C.

Full Name (Last, First, Middle Initial)

Dr. James A. Zalla

Mailing Address 7736 Camp Ernst Rd

City

Burlington

State

KY

Zip Code

41005-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associats of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A52A1CD95095E4C37869

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1116.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Donelan

Mailing Address 3000 E Fletcher Ave
Ste 200

City State Zip Code
Tampa FL 33613-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A5B1D85CB45F14C9BB3F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lisa Goldberg

Mailing Address 1215 Parkview Blvd

City State Zip Code
Pittsburgh PA 15217-2586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Dermatology Ass-
oc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A4771C3FE8EBE47C7BF3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Darryl M. Bronson

Mailing Address 767 Park Ave W
Ste 310

City State Zip Code
Highland Park IL 60035-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: AA5075A67995743D2A34

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Allen Bruce Filstein

Mailing Address 945 Buckingham Cir NW

City

Atlanta

State

GA

Zip Code

30327-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A2D9CAF57FDEE45B58B9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Samuel S. Norvell, Jr.

Mailing Address 13308 Southwood Dr

City

Rockville

State

MD

Zip Code

20850-3442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A0F443FBBB7A9414F924

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dorota Michalek Wilson

Mailing Address 23 Atkinson Ln

City

Newtown

State

PA

Zip Code

18940-4225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel Dermatology Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: A274906E70BE94D43B76

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Suraj S. Venna

Mailing Address 1301 M St NW

City

Washington

State

DC

Zip Code

20005-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Cancer Institu-
te

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: AFE4924061AC445F1A46

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles W. Miller, III

Mailing Address 2 Sappington Spur

City

Saint Louis

State

MO

Zip Code

63122-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatological Care Inc.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: A1B55B53AF2644260BA7

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Cynthia J. Rogers

Mailing Address 512 7th Sq
Apt 202

City

Vero Beach

State

FL

Zip Code

32962-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: AA317EE2BF4CA4471978

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Alma M. Cruz

Mailing Address PO Box 6007

City

Carolina

State

PR

Zip Code

00984-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: A02DF3F177CC8434683B

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Edward Ernest Aston, IV

Mailing Address 31291 Paseo Crucero

City

San Juan Capistran

State

CA

Zip Code

92675-5399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: A6865E702FEAC44D5B93

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Molly K. Smith

Mailing Address 4250 Granby St
Unit 106

City

Norfolk

State

VA

Zip Code

23504-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pariser Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: A042E0418E97542CE9BE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert L. Jackson

Mailing Address 9603 Colthurst Cv

City

Germantown

State

TN

Zip Code

38139-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: AF6B8239AE6B1479CAD0

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Cyndi Jill Yag-Howard

Mailing Address 1340 Pelican Ave

City

Naples

State

FL

Zip Code

34102-3479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology and
Skin Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: AD7FA482C294D41B6AE5

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Kathryn Schwarzenberger

Mailing Address 18 Pinnacle Dr

City

South Burlington

State

VT

Zip Code

05403-7914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Vermont College
of Medicine

Occupation
Physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: AC7610C1D27114957826

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Norman Minars

Mailing Address 4801 N 33rd Ct

City

Hollywood

State

FL

Zip Code

33021-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minars Dermatology and La-
ser Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: AABE3C98D3FDD41BE979

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Shari L. Skinner

Mailing Address 13370 Sandy Key Ln

City

Fort Myers

State

FL

Zip Code

33908-1781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A19AC48940DCD467E955

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Philip James Loboano

Mailing Address 211 Hwy 71

City

Spring Lake

State

NJ

Zip Code

07762-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A93AC01115BCA47F685F

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David Michael Pilkington

Mailing Address 410 E Yosemite Ave
Ste C

City State Zip Code
Merced CA 95340-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A38DBCCD26856436AB48

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

George J. Murakawa

Mailing Address 4420 Coffey Ct

City State Zip Code
Troy MI 48098-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Skin Centre

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A005ED1F6B4814543AE8

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Howard D. Rosenman

Mailing Address 1569 Doe Trail Ln

City State Zip Code
Yardley PA 19067-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: AB3FD5FE45FE64865A95

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 49 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Mark S. Wallis

Mailing Address 4021 Castle Ridge Dr

City

Longview

State

TX

Zip Code

75605-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A1E4A38E485E04D85A36

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Douglas Scott Richardson

Mailing Address 336 Club View Dr

City

Great Falls

State

VA

Zip Code

22066-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: A3F33572239CF48FCB29

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James R. Watt

Mailing Address 2705 Hampton Bridge Rd

City

Delray Beach

State

FL

Zip Code

33445-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: ACFE9C64B9F094E1882E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Justin T. Sawyer

Mailing Address 21 E 6th St
Unit 704

City State Zip Code
Tempe AZ 85281-3694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: A198E9A348BC44161A5F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Emily Liga Prosis

Mailing Address 1615 Patterson Road

City State Zip Code
Austin TX 78733-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Dermacare

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: A0E92B88479B54894BAF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephen M. Purcell

Mailing Address 4701 S Mountain Dr

City State Zip Code
Emmaus PA 18049-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology Asso-
ciates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: A4DC3D71DA66E4274AF4

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert P. Young

Mailing Address 1149 Grandview Dr

City

Providence

State

UT

Zip Code

84332-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: AB93D5AE685D44D65966

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John R. Luckasen

Mailing Address 4242 Farnam St
Ste 360N

City

Omaha

State

NE

Zip Code

68131-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Building, North
Tower

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: A4D1A6B9729B84747966

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Cheryl S. Jones

Mailing Address 9810 Noriega Dr

City

Pensacola

State

FL

Zip Code

32514-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: A7F70AC33A91042D1AC8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Scott M. Dinehart

Mailing Address 28 Chimney Sweep Ln

City

Little Rock

State

AR

Zip Code

72212-2083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Skin Cancer Cent-
er, PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: A7E52CF40A4CD4D68814

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Vesper

Mailing Address 2171 Oceanview Dr

City

Saint Petersburg

State

FL

Zip Code

33715-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: A0327053421CD4948AF0

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Marie Ting

Mailing Address 181 Ardith Ct

City

Orinda

State

CA

Zip Code

94563-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: AF17A64F9A4264253987

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

George B. Sonnier

Mailing Address 6410 Lime Ridge Pl

City

Louisville

State

KY

Zip Code

40222-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: A1484CAB9D26F4696AD3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Margaret E. Olsen

Mailing Address 1527 Tigertail Road

City

Los Angeles

State

CA

Zip Code

90049-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Margaret & Olsen, MD, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: AE00A4367FE4148BFB2C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Antoinette P. Notaro

Mailing Address 625 Calves Neck Rd

City

Southold

State

NY

Zip Code

11971-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: A64D646E77B88489D984

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Karyn L. Grossman

Mailing Address 611 22nd St

City

Santa Monica

State

CA

Zip Code

90402-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: A93D39044D3CA4E32A2E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph J. Chanda

Mailing Address 207 Silver Palm Ave

City

Melbourne

State

FL

Zip Code

32901-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: A000D0216972E42A2B5F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elise Olsen

Mailing Address 109 Carolina Forest

City

Chapel Hill

State

NC

Zip Code

27516-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: AA405F3CE68224C419F9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

George B. Winton

Mailing Address 1917 Millbrook Dr

City

Johnson City

State

TN

Zip Code

37604-1485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-Cities Skin and Cancer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: A95E5EF1653CD4CF8A45

Amount of Each Receipt this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Linda Wong

Mailing Address 1333 Padres Trl

City

La Canada Flintrid

State

CA

Zip Code

91011-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: A596F89EB28FA44159AC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Scott Sanders

Mailing Address 576 7th Sq
Apt 101

City

Vero Beach

State

FL

Zip Code

32962-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
TC Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: AEEF0DF44897E4E9A931

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

82987.55

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 59

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: BE87A0C2487514E9EBAA Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement VS/MC Fees Candidate Name	<table border="1"> <tr> <td colspan="10">100.51</td> </tr> </table>	100.51																			
100.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: BD03C698556E84615808 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Amex Fees Candidate Name	<table border="1"> <tr> <td colspan="10">24.74</td> </tr> </table>	24.74																			
24.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: BE1B032D794C840868F3 Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement VS/MC Fees Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

155.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 59

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
VS/MC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B3B79C924C77C47D8970

Date of Disbursement

/ /

Amount of Each Disbursement this Period

129.80

SUBTOTAL of Disbursements This Page (optional)

129.80

TOTAL This Period (last page this line number only)

285.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC	Transaction ID: BF1C5BECE14A547C79EA Date of Disbursement																				
Mailing Address 607 14TH STREET NW SUITE 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Robert P Casey, Jr	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts	Transaction ID: B34737A1A1F1D48F98ED Date of Disbursement																				
Mailing Address PO Box 775	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Joseph R. Pitts	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ben Cardin for Senate	Transaction ID: BA9F5ADE8C8A54203805 Date of Disbursement																				
Mailing Address PO Box 21093	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Benjamin L. Cardin	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Other2011

Transaction ID: BE5567BA6110E4052A7E

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

9500.00